COMMENTARY

Robert Gluckman
Providence-St Vincent Medical Center, Portland, OR

Ebrahim and Smith conclude that counseling or education to reduce cardiovascular risk factors fails to reduce all-cause mortality or mortality from CAD. This conclusion is not surprising because patients included in these studies were from the general population, at average risk for CAD, and the trials had a median follow-up of 3 years. The benefits of risk factor reduction may develop after many years.

All risk factors are not created equal. The potential benefits of behavioral approaches to reduce tobacco use in average-risk patients are greater than those of counseling to alter diet or increase exercise. The cost-effectiveness of smoking cessation programs is <$1,000 per life-year saved.[1] Also, the potential benefit of adjunctive pharmacologic therapy to counseling or education needs to be emphasized. The addition of a 9-week course of sustained-release bupropion hydrochloride, with or without nicotine replacement therapy, to a brief program of physician advice and counseling may produce 1 year abstinence rates of greater than 30%.[2]

Finally, not all patients are equally motivated to change their lifestyle. Intensive lifestyle changes in motivated patients with established disease can decrease the incidence of cardiac events.[3] The potential effect of lifestyle modification in motivated, high-risk patients may be substantial.

References
1 Curry SJ, Grothaus LC, McAfee T, et al. Use and cost effectiveness of smoking-cessation services under four insurance plans in a health maintenance organization. *N Engl J Med* 1998;339:673-679.
2 Jorenby DE, Leischow SJ, Nides MA, et al. A controlled trial of sustained-release bupropion, a nicotine patch, or both for smoking cessation. *N Engl J Med* 1999;340:685-691.
3 Ornish D, Scherwitz LW, Billings JH, et al. Intensive lifestyle changes for reversal of coronary heart disease. *JAMA* 1998;280:2001-2007.